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In re application:) Customer No. 21378
Swanstrom Lee L.)
Serial No.: 10/053,053) Confirmation No.:
Filed: 1/16/02) Docket No.: 3395
For: LAPAROSCOPIC-ASSISTED ENDO-)
VASCULAR/ENDOLUMINAL GRAFT)

Dear Ms. Chase:

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Sarah Hodson
 (Type or print name) *Sarah Hodson*
 (Signature)

I spoke with you regarding the above listed patent application number, which is currently marked lost. You requested that I send the assignment and revocation of power of attorney to your attention to help aid in the recordation of these documents despite the current status of the file.

Attached please find the following documents submitted for filing in the above referenced application:

1. Executed Assignment; and
2. Recordation Form Cover Sheet; and
3. Transmittal Form; and
4. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address

Respectfully submitted,

Applied Medical Resources Corporation


Sarah Hodason

CUSTOMER NO.: 21378

Telephone (949) 713-8000
Facsimile (949) 713-8206

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
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TRANSMITTAL
FORM

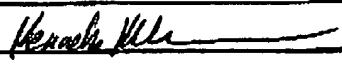
(to be used for all correspondence after initial filing)

		Application Number	10/653,053
		Filing Date	January 16, 2002
		First Named Inventor	Swanson, Lee L.
		Art Unit	
		Examiner Name	
Total Number of Pages in This Submission	7	Attorney Docket Number	3395

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Recordation Form Cover Sheet, Assignment
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Remarks
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement		
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Applied Medical Resources Corporation		
Signature			
Printed name	Ken Vu		
Date	7/1/05	Reg. No.	46,323

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Ken Vu	Date	7/1/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including the gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/053,053
Filing Date	January 16, 2002
First Named Inventor	Swanson, Lee L.
Art Unit	
Examiner Name	
Attorney Docket Number	3395

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I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

21378

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

21378

OR

Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature 

Name Ken Vu

Date 7/1/05

Telephone 949-713-8605

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 3 forms are submitted.

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